

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<b>Facility's Name:</b> Manoa Cottage Too	<b>CHAPTER 100.1</b>
<b>Address:</b> 2035 Kamehameha Avenue, Honolulu, Hawaii 96822	<b>Inspection Date:</b> July 18 & 19, 2019 Annual

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications.</u> (a)(5) The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Have completed ARCH teaching modules that are approved annually by the department;</p> <p><b><u>FINDINGS</u></b> PCG – No documented evidence of ARCH modules completion.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>please see attached</i></p>	<p>9/6/19</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-8 <u>Primary care giver qualifications</u>, (a)(5)  The licensee of a Type I ARCH acting as a primary care giver or the individual that the licensee has designated as the primary care giver shall:</p> <p>Have completed ARCH teaching modules that are approved annually by the department;</p> <p><b><u>FINDINGS</u></b>  PCG – No documented evidence of ARCH modules completion.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>please see attached</i></p>	<p>9/6/15</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><b><u>FINDINGS</u></b> PCG – No annual physical examination. Physical exam document did not indicate the individual performing the exam, nor the date of the exam (half of the document was missing).</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>please see attached</i></p>	<p><i>9/6/15</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-10 <u>Admission policies.</u> (a)  Type I ARCHs shall admit residents requiring care as stated in section 11-100.1-2. The level of care needed by the resident shall be determined and documented by that resident's physician or APRN prior to admission. Information as to each resident's level of care shall be obtained prior to a resident's admission to a Type I ARCH and shall be made available for review by the department, the resident, the resident's legal guardian, the resident's responsible placement agency, and others authorized by the resident to review it.</p> <p><b><u>FINDINGS</u></b>  Resident #2 – No level of care prior to readmission on 2/6/2019.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>please see attached</i></p>	<p><i>9/6/15</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (m) All medications and supplements, such as vitamins, minerals, and formulas, when taken by the resident, shall be recorded on the resident's medication record, with date, time, name of drug, and dosage initialed by the care giver.</p> <p><b><u>FINDINGS</u></b> Resident #2 – The medication administration record did not indicate that medications are crushed.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><b><u>FINDINGS</u></b> Resident #2 – No monthly summary from February 2019 to June 2019.</p>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (f)(1) General rules regarding records:</p> <p>All entries in the resident's record shall be written in black ink, or typewritten, shall be legible, dated, and signed by the individual making the entry;</p> <p><b><u>FINDINGS</u></b> Resident #1 and #2 – Blue ink used on the April 2019 medication administration record.</p>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-20 <u>Resident health care standards.</u> (a) The primary and substitute care giver shall provide health care within the realm of the primary or substitute care giver's capabilities for the resident as prescribed by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #2 – “Provide newspaper to him daily, newspaper is good for his memory/brain,” ordered on 3/14/2019; however, there was no documentation that the order is carried out.</p>	<p>PART 1</p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-52 <u>Primary care giver requirements.</u> (6)  The licensee of a Type II ARCH facility acting as the administrator or the individual that the licensee has designated as the administrator, in addition to the requirements in section 11-100.1-8(a), shall:</p> <p>Be accountable for providing training for all facility personnel in the provision of resident care in conjunction with the principles of the social model.</p> <p><b><u>FINDINGS</u></b>  PCG – No evidence of accountability for providing training to facility personnel in the provision of resident care.</p> <ul style="list-style-type: none"> <li>• Staff, including direct care givers, were not familiar with who the PCG was.</li> <li>• Nurse manager has had no contact from the PCG.</li> </ul>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>please see attached</i></p>	<p>9/6/19</p>

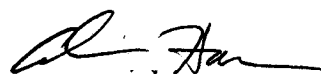
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<input checked="" type="checkbox"/>	<p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented;</p> <p><b><u>FINDINGS</u></b> Resident #2 – No documented evidence that the Consultant RD was utilized to provide nutritional assessment for resident with dysphagia, and provide guidance on aspiration precautions and food &amp; liquid recommendations made by the Speech Language Pathologist on 5/15/2019 and 5/31/2019. Last Consultant RD assessment was on 10/23/2018.</p>	<p><b>PART 1</b></p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented;</p> <p><b><u>FINDINGS</u></b> Resident #2 – No documented evidence that the Consultant RD was utilized to provide nutritional assessment for resident with dysphagia, and provide guidance on aspiration precautions and food &amp; liquid recommendations made by the Speech Language Pathologist on 5/15/2019 and 5/31/2019. Last Consultant RD assessment was on 10/23/2018.</p>	<p><b>PART 2</b></p> <p><b><u>FUTURE PLAN</u></b></p> <p><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>please see attached</i></p>	<p><i>9/6/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (2) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>All consultant dietitians shall provide special diet training for food preparation staff and ensure staff competency;</p> <p><b><u>FINDINGS</u></b> No documented evidence that the facility utilized the Consultant RD to provide special diet training for food preparation staff.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>please see attached</i></p>	<p><i>9/6/15</i></p>

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-55 <u>Nutrition and food sanitation.</u> (2) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:  All consultant dietitians shall provide special diet training for food preparation staff and ensure staff competency;  <u>FINDINGS</u> No documented evidence that the facility utilized the Consultant RD to provide special diet training for food preparation staff.	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="text-align: center;"><i>please see attached</i></p>	<p style="text-align: center;"><i>9/6/15</i></p>

Licensee's/Administrator's Signature: 

Print Name: Calvin Hare

Date: September 9, 2019

CHAPTER NUMBER

11-100.1-8 (a)(5)

PART 1

On 7/19/19, the Department of Health was notified that the listed PCG is no longer the PCG. A new Nurse Manager (RN) was hired on 07/25/19 and will take the ARCH modules as soon as the education institution, KCC, has an opening for the course work. The new PCG will have documentation of ARCH modules completed.

A handwritten signature in black ink, appearing to read 'Calvin Hara', with a long horizontal line extending to the right.

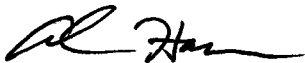
Calvin Hara  
September 6, 2019

CHAPTER NUMBER

11-100.1-8(a)(5)

PART 2

The Manoa Cottage management will assure that the new PCG will have documentation that ARCH modules are completed. In the future, the HR Coordinator will utilize a checklist of all requirements for the PCG position so when hiring, the requirements are met. On-going, the HR Coordinator will monitor this requirement for its compliance.




Calvin Hara  
September 6, 2019

CHAPTER NUMBER

11-100.1-9(a)

PART 1

On 7/19/19, the Department of Health was notified that the listed PCG is no longer the PCG. A new Nurse Manager (RN) was hired on 07/25/19. The new Nurse Manager has a current physical examination on file and as soon as the education institution, KCC, has an opening for the ARCH modules, the Nurse Manager will take the course to fulfill PCG requirements.



Calvin Hara  
September 6, 2019

CHAPTER NUMBER

11-100.1-9(a)

PART 2

The Manoa Cottage management will assure that the new PCG will have documentation on an annual physical examination on file. In the future, the HR Coordinator will utilize a checklist of all requirements for the PCG position so when hiring, the requirements are met. On-going, the HR Coordinator will monitor this requirement for its annual compliance.



Calvin Hara  
September 6, 2019

CHAPTER NUMBER

11-100.1-10(a)

PART 1

On 8/29/19 Resident #2's level of care was completed by the physician and on-going, the Nurse Manager will double check on readmissions that a level of care is completed.

A handwritten signature in black ink, appearing to read "Calvin Hara".

Calvin Hara  
September 6, 2019

CHAPTER NUMBER

11-100.1-10(a)

PART 2

The Nurse Manager will assure that the physician or APRN completes a level of care on resident readmissions. A checklist will be used on the day of admission to assure completion of the requirement. The Nurse Manager will double check upon any readmission that a level of care is completed and will audit monthly the resident readmissions to confirm that the level of care was completed.

A handwritten signature in black ink, appearing to read 'Calvin Hara', with a horizontal line extending to the right.

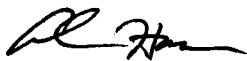
Calvin Hara  
September 6, 2019

CHAPTER NUMBER

100-100.1-15(e)

PART 2

The Nurse Manager will assure that the dated physician order for the medication will reflect the start date on the medication administration record. The Nurse Manager or designee will monthly audit the physician orders for medications to verify that the start date on the medication administration record is the same date.



Calvin Hara  
September 6, 2019

CHAPTER NUMBER

11-100.1-15(e)

PART 1

The Nurse Manager verified on 8/29/19 that the label was corrected and that the medication order is reflected correctly on the medication labels and instructions.

A handwritten signature in black ink, appearing to read 'Calvin Hara', with a long horizontal line extending to the right.

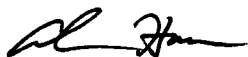
Calvin Hara  
September 6, 2019

## CHAPTER NUMBER

11-100.1-15(e)

### PART 2

The Nurse Manager will assure that the medication order reflects the medication label and instructions. An inservice by the Nurse Manager was conducted for the Nursing Assistants will on the subject of medication orders, labels and instructions and checking labels to be certain it matches the order. The Nursing Assistants will check at medication delivery that the order matches the label, and if it not, then the Nurse Manager will be notified, a correction done, and if there is a reoccurrence, than another inservice training will be done by the Nurse Manager.



Calvin Hara  
September 6, 2019

CHAPTER NUMBER

11-100.1-15(e)

PART 1

The Nurse Manager verified and validated that there is a physician order, which was found in the chart, dated 06/18/18, which existed for the current medication for Resident #2.

A handwritten signature in black ink, appearing to read "Calvin Hara", with a long horizontal line extending to the right.

Calvin Hara  
September 6, 2019

CHAPTER NUMBER

11-100.1-15(e)

PART 2

The physician orders will be verified by the Nurse Manager or designee monthly or as needed to the resident's current medication. The "recapping," which is the process of verifying orders and changes of the orders to medications is done monthly and provides for a check and balance of orders to medications on the medication administration record. The Nursing Assistants will also verify the medication administration record to the medication labels as another checks and balance.



Calvin Hara  
September 6, 2019

CHAPTER NUMBER

11-100.1-15(e)

PART 2

An inservice training was conducted by the Nurse Manager on the following of medication order parameters and following the physician order. The Nursing Assistants will conduct shift-to-shift audits to assure that medication order parameters were followed. Should there be a need for additional inservice training, the Nurse Manager will provide the additional training.



Calvin Hara  
September 6, 2019

CHAPTER NUMBER

11-100.1-15(e)

PART 2

An inservice training was conducted by the Nurse Manager on the following of medication order parameters and following the physician order. The Nursing Assistants will conduct shift-to-shift audits to assure that medication order parameters were followed. Should there be a need for additional inservice training, the Nurse Manager will provide the additional training.

A handwritten signature in black ink, appearing to read 'Calvin Hara', with a long horizontal stroke extending to the right.


Calvin Hara  
September 6, 2019

CHAPTER NUMBER

11-100.1-15(m)

PART 1

The medication administration record was updated on 8/29/19 as medications to be crushed, which is per physician order.

A handwritten signature in black ink, appearing to read 'Calvin Hara', with a stylized flourish at the end.

Calvin Hara  
September 6, 2019

CHAPTER NUMBER

11-100.1-15(m)

PART 2

The Nurse Manager will assure that the medication administration record matches the physician order when the medication administration record is recapped for the coming month. The Nursing Assistants, when providing the medications, will also verify if medications are to be crushed. The Nurse Manager will randomly audit by observation that the crushing of medications are performed according to the physician order.



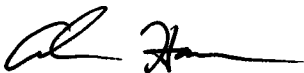
Calvin Hara  
September 6, 2019

CHAPTER NUMBER

11-100.1-17(b)(3)

PART 2

The Nurse Manager will assure that monthly summaries are completed timely. The Nurse Manager will utilize a checklist to verify that monthly summaries are completed timely. The Administrative Nursing Assistant will double check the checklist to sure the monthly summaries are completed timely.

A handwritten signature in black ink, appearing to read 'Calvin Hara', with a stylized flourish at the end.

Calvin Hara  
September 6, 2019

CHAPTER NUMBER

11-100.1-17(b)(3)

PART 2

The Nurse Manager will assure that monthly summaries are completed timely. The Nurse Manager will utilize a checklist to verify that monthly summaries are completed timely. The Administrative Nursing Assistant will double check the checklist to sure the monthly summaries are completed timely.

A handwritten signature in black ink, appearing to read 'Calvin Hara', with a long horizontal line extending to the right.

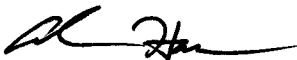
Calvin Hara  
September 6, 2019

CHAPTER NUMBER

11-100.1-17(f)(1)

PART 2

An inservice training attended by Nursing Assistants was conducted by the Nurse Manager on the requirement that all entries in the resident's record shall be written in black ink and that blue ink is not permissible. The Nursing Assistants will audit the medication administration record shift-to-shift to assure that documentation is in black ink. The Administrative, Nursing Assistant will audit weekly the medication administration record to assure that only black ink is used when writing in the record.



Calvin Hara  
September 6, 2019

CHAPTER NUMBER

11-100.1-20(a)

PART 2

The order was carried out by having the order of 03/14/19 documented as a "for your information" instructions on Resident #2 medication administration record. The Nursing Assistant, daily, will be responsible for providing the newspaper to the resident. The resident will randomly be asked during the week if the newspaper was received.

A handwritten signature in black ink, appearing to read "Calvin Hara", is positioned above the printed name.

Calvin Hara  
September 6, 2019

CHAPTER NUMBER

11-100.1-52 (6)

PART 1

On 7/19/19, the Department of Health was notified that the listed PCG is no longer the PCG. A new Nurse Manager (RN) was hired on 07/25/19 and will take the ARCH modules as soon as the education institution, KCC, has an opening for the course work. The Nurse Manager once certified as a PCG, will assure that there is evidence of accountability for providing training to facility personnel in the provision of resident care.



Calvin Hara  
September 6, 2019

CHAPTER NUMBER

11-100.1-52 (6)

PART 2

The Manoa Cottage management will assure that the new PCG will have evidence of accountability for providing training to facility personnel in the provision of resident care. The Nurse Manager will verify that there is accountability for providing training to facility personnel in the provision of resident care. The Nurse Manager will utilize a training schedule which will calendar each required training modality and a checklist will indicate completion of the training modality.



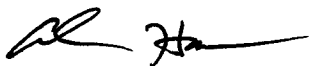
Calvin Hara  
September 6, 2019

CHAPTER NUMBER

11-100.1-55(1)

PART 1

The Registered Dietician(RD) completed an RD nutritional assessment for Resident #2 on 09/02/19 per recommendation of the Speech Language Pathologist. Any recommendations of the RD will be communicated to the resident's physician.

A handwritten signature in black ink, appearing to read 'Calvin Hara', with a stylized flourish at the end.

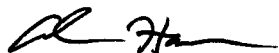
Calvin Hara  
September 6, 2019

CHAPTER NUMBER

11-100.1-55(1)

PART 2

The Nurse Manager will communicate with the Speech Language Pathologist when the Pathologist visits the resident to receive any recommendations which needs the Registered Dietician(RD) to provide a nutritional assessment. The Nurse Manager will maintain a checklist and log of the therapist visits so there is verification of any follow up needed.



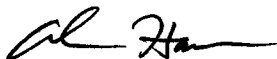
Calvin Hara  
September 6, 2019

CHAPTER NUMBER

11-100.1-55 (2)

PART 1

Documentation of the Consultant RD providing special diet training for food preparation staff was not available during the inspection, however was found and now on file and reflects the special diet training occurred on 05/06/19.



Calvin Hara  
September 6, 2019

CHAPTER NUMBER

11-100.1-55 (2)

PART 2

The Nurse Manager will assure that the Consultant RD provides special diet training on a regular basis for food preparation staff. An annual calendar for the Nurse Manager and the Consultant RD will be utilized to serve as a reminder of this requirement.

A handwritten signature in black ink, appearing to read 'Calvin Hara', with a long horizontal flourish extending to the right.

Calvin Hara  
September 6, 2019